

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER HEALEY FOR ASSEMBLY 2012			Date of This Filing 04/11/2012	Date Stamp Page 1 of 4	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818)989-1639	I.D. NUMBER (if applicable) 1340636		Report No. 1003		
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY SHERMAN OAKS	STATE CA	ZIP CODE 91411	No. of Pages 4		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/17/2012	California Defense Counsel PAC Sacramento, CA 95814 ID# 850665 Memo Reference: 1	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00
03/17/2012	Friends of the Iranian American Jewish Federation West Hollywood, CA 90046 ID# 1333971 Memo Reference: 2	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,900.00
03/17/2012	Shahla Javdan Beverly Hills, CA 90210 Memo Reference: 3	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	\$1,100.00

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other

PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Correction

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03/17/2012	CBS Outdoor Los Angeles, CA 90031 Memo Reference: 5	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:
Correction

Memo Reference: 1

Memo Reference: 2

Memo Reference: 3

Memo Reference: 5
